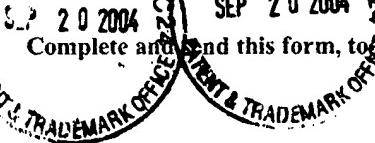


SEP 21 2004

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
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40158 7590 07/06/2004

**LEONARD & PROEHL, PROF. L.L.C.**  
 3500 SOUTH FIRST AVENUE CIRCLE  
 SUITE 250  
 SIOUX FALLS, SD 57105

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<i>Stephanie Voigt</i>	(Depositor's name)
<i>Stephanie Voigt</i>	(Signature)
<i>9/20/04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,587	02/15/2002	Byron K. Muller JR.	21-0775	1261

TITLE OF INVENTION: URINE BAG CLEANING MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STINSON, FRANKIE L	1746	134-16900C

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

09/22/2004 CNGUYEN1 0000078 10076587

01 FC:2501

665.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Authorized Signature)	(Date)
<i>Jeff Proehl</i>	9/20/04

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